

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.
1	/	/	/	/	/	/	51		
2	/	/	/	/	/	/	52		
3	3	/	/	/	/	/	53		
4	8	/	/	/	/	/	54		
5	8	/	/	/	/	/	55		
6	8	/	/	/	/	/	56		
7	8	/	/	/	/	/	57		
8	8	/	(1)	/	/	/	58		
9	8	/	/	/	/	/	59		
10							60		
11							61		
12							62		
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42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.			1						
TOTAL DEP.			3						
TOTAL CLAIMS			27						